

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0020238

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

162

Primary Registration District No.

5595

Registrar's No.

76

VS 300
Rev. 4/59

1 0520

2 4000

3

4 0

5 1

6

7 2

8 10

9 20.1

10

11

12 86-0

13 2.0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

PLACE OF DEATH
65 Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Arnold

Length of stay in 1b

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION Hillview Lodge

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Mehlville Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4626 Mehl Ave. Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Emil (Emilio) Berra

4. DATE OF DEATH
Month Day Year
May 18, 1965

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/20/1879

9. AGE (last birthday) 85
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Clay Worker

10b. KIND OF BUSINESS OR INDUSTRY
Clay Products

11. BIRTHPLACE (City and state or country)
Italy

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

Louis Berra

13b. MOTHER'S MAIDEN NAME

Guidetta Longoni

14. NAME OF HUSBAND OR WIFE

Theresa

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Theresa Berra, 4626 Mehl Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH
1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

2 yrs

DUE TO (c)

Generalized Arteriosclerosis

4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1-65 to 5-18-65 and last saw him alive on 5/14/65
Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Signature)

22b. ADDRESS

Rickwood Missouri

22c. DATE SIGNED

5/19/65

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5-20-65

23c. NAME OF CEMETERY OR CREMATORY
SS Peter & Paul Cemetery

23d. LOCATION (City, town, or county)
St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS
Calcaterra Funeral Home, 5142 Daggett Ave.

25. DATE RECD. BY LOCAL REG.
5/20/65

26. REGISTRAR'S SIGNATURE

(Signature)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 25 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.